

**Bemidji Area Indian Health Service  
1993 Strategic Planning  
Priorities and Follow Up Actions**

**Priority #1: Resource Allocation**

1. Develop a simple Bemidji Area resource allocation plan that includes a systematic assessment of need and equitable distribution of resources.

**SUGGESTED ACTION.** This is expected to be addressed by the Tribal Advisory Board. Can reference the Resource Allocation Committee formed during the Area planning process, as its chairman is on the Tribal Advisory Board.

**ACTION TAKEN.** The Area Resource Allocation Committee includes the Associate Area Directors and representatives from the Tribal Advisory Board. This committee reviews proposed resource allocation plans presented by Area staff and provides recommendations to the Tribal Advisory Board regarding acceptance and/or modifications to proposed allocation plans. Upon receipt of recommendations by the Tribal Advisory Board and subsequent Area Director approval, the Area Office then forwards the various allocation plans to all Area Tribes to allow for their input into the resource allocations.

Policies and procedure have been developed for the budget enhancement process which incorporates input from the Tribal Advisory Board and the Resource Allocation Committee on Area priorities.

Deanna Bauman, National Indian Health Board Representative, has been a member of the IHS Resource Allocation Workgroup (RAWG) since its inception. The Workgroup has provided recommendations on a simplified methodology for resource allocation which is now being developed and tested. Jim Bredon served as Area resource on this workgroup.

2. Distribute information concerning available public/private resources, distribution methodologies, historical funding levels, and individuals who make distribution decisions to tribes in a timely manner.

**SUGGESTED ACTION.** Information concerning distribution methodologies and historical funding levels are distributed to all locations, and comments solicited. If tribal/urban programs want a list of individuals who are responsible for recommending spending priorities within various line items, this can easily be done.

**ACTION TAKEN.** The Area Office continues to provide information regarding distribution methodologies and historical funding levels as required by the Area resource allocation policies.

3. With tribal participation, develop an Area Office budget consistent with the Area Plan.

**SUGGESTED ACTION.** This is expected to be addressed by the Tribal Advisory Board.

**ACTION TAKEN.** See Action Item 1 of this priority regarding tribal participation in resource allocation and the budget enhancement process. Whenever possible the Area Office sets aside funds to establish programs based on recommendations made by the Area Tribal Advisory Board and ad hoc or standing committees which includes members of the Tribal Advisory Board.

**Priority #2: Technical Assistance**

1. An assessment of technical assistance needs (survey, questionnaire) could be developed and distributed to all entities, for the purpose of defining and prioritizing how and what kind(s) of technical assistance will be provided.

**SUGGESTED ACTION.** Should an outside consultant be used to help develop and/or implement an assessment tool, or can this be done by existing IHS, tribal and urban staff? If it can be done by existing staff, then those individuals need to be identified.

**ACTION TAKEN.** Determining technical assistance needs has been incorporated as a component of the Area Program Review policy (See Action Item 1 of Priority #9, Program Evaluation). Issues are identified through close-out sessions with health staff, health boards and tribal governments. Follow-up plans are developed based on tribal priorities and the review team's assessment on technical assistance priorities.

2. Need to know what technical assistance expertise is available in the Area. Recommend that each organizational entity should develop a directory, listing expertise available. Also need to include an evaluation component . to determine whether requested technical assistance was provided.

**SUGGESTED ACTION.** Area Office developed a list of technical assistance which could be provided by various branches; this was sent to all tribal health directors. Such a list should also be developed and distributed by tribal and urban programs.

**ACTION TAKEN.** The above-referenced list of branch functions was furnished to the tribal health directors in FY'89. An analysis of Area positions and their functions was shared with the Area Tribal Advisory Board in FY'93.

3. The Area Office should develop policies as to how technical assistance is going to be provided, accessed, utilized, etc. Issues of concern include availability, time constraints of tribal employees, funds to pay for technical assistance to be provided by a tribe.

**SUGGESTED ACTION.** Area Office can develop a policy to govern its own staff, but individual IHS/tribal/urban programs will need to develop their own policies and procedures.

**ACTION TAKEN.** The Area Office makes every effort to provide technical assistance when requested. As noted above, the Area Program Review mechanism is one which is intended to cooperatively identify T.A. needs and assure follow-up. In the past, the Area Office has been able to acquire additional consultative services whenever special technical assistance was requested. Current resource allocation processes preclude the withholding of funds for special technical assistance requests.

### **Priority 3: Recruitment and Retention**

1. Assess recruitment needs ASAP.

**SUGGESTED ACTION.** Area health professionals polled IHS/tribal/urban sites to project recruitment needs, met to review those results, other factors affecting recruitment. Determined that nursing, x-ray/lab, and physicians will be target groups for 1990 efforts. Retention needs to be a focus at all levels (local, Area, Headquarters). Progress and priorities will be re-evaluated annually.

**ACTION TAKEN.** The Area Office set aside H&C funds from IHS Headquarters to establish health professions recruiter and assistant positions in FY'91. IHS Headquarters provided partial funding for Area recruiter positions in FY'93. Staff is responsible for the Area functions related to the IHS scholarship program, recruitment and placement of health professionals at IHS/tribal/urban health site and retention incentive programs.

2. Develop candidate finding and tracking system.

**SUGGESTED ACTION.** Area sub-committee formed to investigate current tracking systems available, work on designing a centralized Area mechanism.

**ACTION TAKEN.** The Area recruitment staff has developed a centralized Area tracking system; however, they anticipate implementation of a IHS-wide tracking system in late FY'93 or early FY'94.

3. Develop recruitment materials (brochures, displays, videotapes, slides, information packets) for each site.

**SUGGESTED ACTION.** Resources need to be found for this. Possibilities include development at the Area level, or an individual group might want to contract for the project.

**ACTION TAKEN.** An Area brochure was printed in FY'92 and distributed to all sites. The Area recruitment staff utilizes the brochures at recruitment seminars and health fairs. IHS Headquarters has also furnished recruitment materials to Area recruitment staff; i.e., pencils, pins and the Headquarters Blue Book. A display has been developed and staff are investigating other sources for additional materials which can be shared with IHS/tribal/urban programs. It should also be noted here that the Bemidji Area Director serves as the chairwoman for the IHS' QM Workgroup on Recruitment and Retention. This effort should yield long-term benefits to IHS and tribal programs in the Area and nationwide.

#### **Priority #4: Program Planning/Management**

1. Establish and describe the Area planning process in simple terms, including the role of the Advisory Board, HS staff, tribal specific health plans, tribal participation, and the Area Plan.

**SUGGESTED ACTION.** The idea of a Area plan which would help to put available resources to the best possible first broached in February, 1989. Three planning sessions have resulted in the identification of ten (10) key functions, including the development of these action items and statements describing each function and how it should be carried out. Hard to gather a large group often, in terms of financing and consistent membership. Tribal Advisory Board formed to carry on with the planning process, work with Area Office to plan and implement program policies/directions. First meeting of Tribal Advisory Board will be at the end of May in Bemidji.

**ACTION TAKEN.** The Area Tribal Advisory Board has been established and continues to provide recommendations to the Area Director regarding Area priorities, policy issues and resource allocation. Members of the Tribal Advisory Board are also included on the Area's standing and ad hoc committees. The tribal specific health plans have been utilized by the Office of Program Planning, Evaluation and Statistics in the development of the Area's tribal profiles which have been forwarded to IHS Headquarters. Copies of the profiles were furnished to the tribal health and service unit directors.

2. Develop, with tribal involvement, planning methodologies using specific criteria.

**SUGGESTED ACTION.** This is expected to be addressed by the Tribal Advisory Board.

**ACTION TAKEN.** In FY'90 the Office of Program Planning, Evaluation and Statistics (OPPEs) submitted an Area strategic plan to IHS OPEL in response to a call for proposals regarding program research; however, the proposal was not funded. The Area strategic plan proposal was developed with tribal participation. OPPEs is considering the possibility of preparing a revised Area strategic plan proposal to be submitted in response to the FY'93 IHS OPEL call for funding applications.

The Great Lakes Inter-Tribal Council has received a FY'92 grant award under the IHS Tribal Management Grant Program to determine the feasibility of contracting of the

Rhineland Field Office functions under P.L. 93- 638. This grant allows for the analysis and prioritization of the field office functions as well as updating the Wisconsin tribes' profiles.

### **Priority #5: Information Systems**

1. Fully implement or find ways to implement RPMS -patient registration, CHS, dental, etc.

**SUGGESTED ACTION.** Nine locations (4 IHS, 5 Tribal) have ALTOS and RPMS in operation. PCC implementation scheduled for May at Fond du Lac.

**ACTION TAKEN.** There are 9 IHS and 45 tribal health facilities within the Bemidji Area. Based on January, 1993 information 9 IHS and 27 tribal health facilities are utilizing PCC.

2. Fill Information Systems vacancies existing in the Area Office.

**SUGGESTED ACTION.** Steve Nessler and Margaret Kortess have been added to the Area Office Computer Staff.

**ACTION TAKEN.** As of 5/93, Area information systems branch has eight positions which include the coordinator, three computer systems analysts, two computer programmers, a telecommunications specialist and a computer operator. Two computer systems analysts (one is vacant) are located at the Rhineland Field Office.

3. Identify funds to purchase equipment and provide ongoing support for RPMS.

**SUGGESTED ACTION.** Area has no identified computer budget for equipment purchase, repair, and other ongoing support.

**ACTION TAKEN.** Several Area Tribes have successfully accessed funds to purchase equipment for RPMS through the IHS Tribal Management Grant program. The Area IRM staff provided input to these Tribes, when requested, regarding hardware and software needs and costs during proposal development. In addition, IRM staff was utilized by the Tribes for technical assistance during the grant periods as well as other Tribes which have implemented RPMS with other funds.

4. Develop communication procedure to coordinate information.

**SUGGESTED ACTION.** See Priority #6, Communications.

**ACTION TAKEN.** See Priority #6, Communications.

5. Updates on information, such as rules and policies.

**SUGGESTED ACTION.** See Priority #6, Communications.

**ACTION TAKEN.** See Priority #6, Communications.

### **Priority #6: Communications**

1. Area Office should maintain and distribute an Area policy manual, with regular (quarterly?) updates.

**SUGGESTED ACTION.** Indian Health Service Policy and Procedure Manual used, at least one copy is at all locations. What would an "Area Policy Manual" consist of?

**ACTION TAKEN.** Updates of Area policy manual are shared with all locations.

2. A regular (monthly?) Area newsletter, to include training opportunities and personnel actions.

**SUGGESTED ACTION.** Copies of vacancy announcements (POVN's) sent to all locations. Each location is then responsible for making sure these are available to their staff.

**ACTION TAKEN.** Copies of vacancy announcements continue to be furnished to all locations. The Environmental Health Services Section also issues a monthly safety newsletter which includes training opportunities related to EHHS.

3. A memo from Area Director's office with weekly highlights.

**SUGGESTED ACTION.** Minutes of weekly Associate Directors' meetings are sent to all tribal locations.

**ACTION TAKEN.** In addition to the weekly Associate Directors' meeting minutes, the minutes of the quarterly Tribal Advisory Board meetings are also distributed. Information received by the National Indian Health Board representative regarding current issues is also distributed by the Area Office.

4. Increased FAX capability to all locations to enhance ASAP communications.

**SUGGESTED ACTION.** A list can be compiled of FAX numbers for locations with equipment in place.

**ACTION TAKEN.** All IHS/tribal/urban programs have acquired FAX capability and the listing of FAX numbers has been distributed to the programs.

5. Regular (quarterly?) three-state meetings, plus occasional workshops to address special concerns or issues.

**SUGGESTED ACTION.** Regular meetings include SUD's/clinical directors/health directors/Four-State Tribal Leaders Assemblies/Wisconsin Health Directors' Association/annual providers' conference and health promotion/disease prevention conferences.

**ACTION TAKEN.** Area Office has conducted joint special workshops including CHR/Alcohol issues, Alcohol/Nutrition issues, etc. as well as workshops regarding business office implementation. The Rhinelander Field Office has also provided specialized training for Wisconsin health staff such as tribal management grants training.

6. Consider establishing an "Office of Communications" to serve as a sort of clearinghouse for information requests, standard and prompt distribution of information (includes assuring adequate advance notice of important IHS meetings, such as CAAD, SUD/CD, CMO), etc.

**SUGGESTED ACTION.** Area Office distributes a three-month calendar of activities. One possibility to explore might be a Tribe requesting to assume this function under P.L. 93-638.

**ACTION TAKEN.** The distribution of the three-month calendar of activities was subject to significant change and was not considered useful; therefore, this distribution was discontinued. The minutes of the Associate Directors' meetings contain information related to national and Area meetings. "Controlled Correspondence" procedures were implemented as a result of the issuance of the Area's Communications Policies and Procedures. The Office of the Area Director is responsible for maintaining these procedures.

7. Improved access to Area Office staff, including a directory so that tribes know whom to contact about specific questions, problems, or suggestions.

**SUGGESTED ACTION.** Area Office directory has been distributed to all locations. If Area Office phone system is altered, a revised directory including phone numbers and functions could be prepared and sent out.

**ACTION TAKEN.** When major revisions have been made in the directory, copies are distributed to health directors. Health directors are requested to share this information with staff.

8. Area Office advocate for tribal concerns and funding issues with IHS Headquarters. This include asking specific questions about Headquarters' directives:
  - a. What is the impact on current services?
  - b. Is it feasible for program(s) to carry out the directive within current resources, or will additional resources be made available?
  - c. What is the effect on patient care services already in place within the local program?

**SUGGESTED ACTION.** Area budget doesn't recognize tribal hire professionals in regard to fixed cost special pays. This has been pointed out to Headquarters and additional funding requested. This is a current example of Area Office's ongoing effort to get Headquarters to acknowledge the need to equate "638" tribal programs with IHS service units.

**ACTION TAKEN.** Area staff continues to attempt to address tribal concerns regarding funding issues and Headquarters' directives. The National Indian Health Board (NIHB) representative also addresses Area tribal concerns at regularly scheduled NIHB meetings with IHS Headquarters staff. The NIHB representative and Area staff also have addressed Area concerns regarding funding allocations through representation on the IHS Resource Allocation Workgroup. IHS Headquarters has requested Area tribal representation on its national work groups.

9. Tribal representation at Area meetings, especially when making decisions about policy and/or resources.

**SUGGESTED ACTION.** Tribal Advisory Board expected to take an active role in policy/resource decision-making. Much consultation also takes place via phone, due to extremely short turnaround deadlines.

**ACTION TAKEN.** The Tribal Advisory Board provides recommendations to the Area Director regarding resource decisions (see Priority 11, Resource Allocation) and policy decisions (see Priority 14, Program Planning/Management).

10. Area Office representation at inter-tribal council meetings.

**SUGGESTED ACTION.** Area Office staff make an effort to be present at such meetings whenever invitations are extended.

**ACTION TAKEN.** The Area Office staff continues to make an effort to be present at these meetings whenever invitations are extended.

### **Priority #7: Quality Assurance**

1. A model Quality Assurance plan packet should be developed, providing a practical model (with suggested forms, procedures, etc.) for programs without quality assurance, stressing availability of on-site technical assistance to assure implementation.

**SUGGESTED ACTION.** Area Quality Assurance Committee is working on this.

**ACTION TAKEN.** The Quality Assurance Committee has been working on a model quality assurance plan. The Committee anticipates the implementation of a pilot TQM/QA activity with one or two tribal programs in FY'94. The pilot process will be

designed to identify a thorough and efficient process for collecting data, evaluating data and making corrections. Branches have also been requested to submit generic models by the end of FY'93. These models could be sent to IHS/tribal/urban programs.

2. Area Office needs to develop a Quality Assurance plan to monitor its own performance.

**SUGGESTED ACTION.** will be addressed by Quality Assurance Committee.

**ACTION TAKEN.** The Office of Health Programs has a quality assurance plan in place for program activities which focuses primarily on timeliness and completeness. TQM models are in place for Aberdeen and Bemidji Areas' shared services, communication and training issues.

3. Provide a clearly designated place (personnel availability) where programs can go for technical assistance on quality assurance. This source of assistance shall be knowledgeable about all area of quality assurance; that is, at least be able to refer inquiries to the correct resource people.

**SUGGESTED ACTION.** Area Quality Assurance Committee is in place.

**ACTION TAKEN.** IHS/tribal/urban health programs can receive technical assistance from the Area Quality Assurance Committee. The Committee has an ongoing training plan regarding JCAHO standards and TQM concepts.

### **Priority 8: Orientation**

1. Every new employee should be provided an orientation package/manual and/or a session that includes, minimally, the elements defined under the orientation section of this planning document. If necessary, the Bemidji Area Office staff should be responsible for providing technical assistance in the development of such documents (each site should have this document).

**SUGGESTED ACTION.** Area Office has an orientation manual, which can and should be updated periodically. Each location needs to have its own orientation package in place also. Could a video be developed for the Area Office which would be a useful tool both for orientation and recruitment?

**ACTION TAKEN.** The Area Office orientation manual which was updated in FY'90 will be redone by the end of FY'93. Orientation sessions for IHS staff are scheduled in the Bemidji Area Office twice a year. Limited training is available for IHS personnel issues; i.e., EPMS and ethics training, which can be provided by the Bemidji Area staff. The Aberdeen Area Office staff is available for various personnel training issues such as timekeeper functions, etc.

2. When there are revisions done in requirements of special programs, education sessions should be set up for health directors and/or others who have responsibility for implementing programs, for example:
  - a. Use of management information systems - new forms, how to read and use A PC reports
  - b. Patient registration system - new forms, changes (status and how to use)

**SUGGESTED ACTION.** Again, how about developing a videotape?

**ACTION TAKEN.** The Area Office addresses new IHS requirements via Area staff meetings, quarterly service unit/tribal health/clinical directors meetings, tribal advisory board meetings and distribution of information received from IHS Headquarters. Training sessions have been provided for CHS reporting system changes, business office implementation, alcohol program reporting system, etc.

### **Priority #9: Program Evaluation**

1. Establish a regular schedule of periodic on-site program evaluations by program consultants; additional reviews (other than those regularly scheduled) available upon request.

**SUGGESTED ACTION.** Project officers do at least annual on-site reviews. Additional reviews can be requested through the Area Quality Assurance Committee.

**ACTION TAKEN.** Area program reviews were established in FY'92 which are to include review of tribal and urban sites. In FY'92 eleven tribal and five urban health programs were reviewed. Ten tribal and two urban programs will be reviewed in FY'93 as well as follow-up reviews will be conducted on the other three urban health programs. It is anticipated that these program reviews will be conducted at all sites by the end of FY'94. Follow-up will be completed within the three-year cycle. Follow-up plans are in place for programs reviewed in FY'92 to ensure that program issues will be substantially reduced during subsequent reviews.

2. Develop a quality assurance (QA) plan for every health center, in cooperation with Quality Assurance Committee.

**SUGGESTED ACTION.** Quality Assurance Committee will address this.

**ACTION TAKEN.** See Action Item 1 of Priority #7, Quality Assurance. The Area Quality Assurance Committee is available to assist programs in the development of quality assurance plan. Tribal programs could also access the Tribal Management Grant Program to fund quality assurance plan development.

3. Minimum response to a request for program review should involve acknowledging receipt of the request, in writing, within one week. Completion of the request, with a written report, should take place within three months of receipt.

**SUGGESTED ACTION.** Acknowledgement of requests is within time frame, completion is improving. Any suggestions from field locations?

**ACTION TAKEN.** Program reviews will be scheduled at each tribal and urban health site every three years. Current review procedures require submission of a written report within sixty days of review. The Office of Health Program staff have provided focused reviews such as medical records, nursing, or mental health when requested.

### **Priority #10: Research .**

1. Utilizing existing resources.
  - a. A functional "Research Committee" should serve as initial contact for people with questions related to research issues.
    - 1) Compile resource guide/catalog
    - 2) Identify applicable laws and regulations which apply to research

**SUGGESTED ACTION.** None

**ACTION TAKEN.** An Area Research and Publications Committee has been established which has developed policies and procedures regarding technical assistance in research projects. This committee reviews requests for publication,



requests for presentation at meetings and reviews research proposals for technical merit whenever IHS resources and/or data are used. The committee also serves as the institutional review board which assesses risk whenever proposals identify human subject studies (includes determination whether tribal or community approval exists for proposal research).

a. Training

- 1) Develop "How to do Research " manual
- 2) Provide training on basic research components and tools

**SUGGESTED ACTION.** None

**ACTION TAKEN.** The Research and Publications Committee members and tribal health representatives are invited to attend the annual research conference which provides training in the writing and design of biomedical and health services research proposals. IHS also sponsors a workshop on research in Indian communities which is usually attended by the committee chairman. IHS OPEL has sponsored epidemiology training for all Areas (one position per Area). A tribal health representative was selected to participate in the most recent training.

2. Requiring new resources.

- a. Establish systems analyst, statistician, and research advisor position
- b. Purchase research software for computers (i.e., Med-Line, EPI-Info)

**SUGGESTED ACTION.** None

**ACTION TAKEN.** (a) Additional systems analysts have been employed by the Area Office of Information Systems which have provided assistance in data collection procedures. The Office of Program Planning, Evaluation and Statistics can provide basic data which can be used for research questions. The Area Research and Publications Committee can be utilized for research advice. A cardiovascular project coordinator has been employed by the Area Cardiovascular Program to oversee the inter-tribal heart study.

(b) Although the Area Office has not acquired research software, Med-line and Epi-Info software are available at minimal cost. If IHS/tribal/urban programs are interested in using the software, it is recommended that interested programs purchase the software with existing funds.